

COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

Physician's Assistants Licensure Unit

2 Peachtree Street, N.W., 36th Floor •

Atlanta, Georgia 30303

• Telephone: 404.656.3913

• Fax: 404.656.9723

**INSTRUCTIONS FOR PHYSICIAN'S ASSISTANT APPLICATION –
CHANGING SUPERVISING PHYSICIAN OR ADDING A PRIMARY SUPERVISING PHYSICIAN**

Please be advised that you are required to obtain the Board's written authorization before practicing with a new supervising physician.

APPLICATIONS WILL NOT BE REVIEWED WITHOUT APPLICATION FEE

Application Fee: **\$50.00**; Make check/money order payable to: **Georgia Medical Board. Georgia State Government or Georgia County employees are fee exempt. Federal government employees are not fee exempt.**

Please read the instructions carefully PRIOR TO attempting to answer the questions on the Physician's Assistant Application Forms. Also, please read the Frequently Asked Questions regarding Physician's Assistants on our web site at www.medicalboard.georgia.gov

FALSIFICATION/MISREPRESENTATION

Please be aware that falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking a license.

1. In order to **change** supervising physicians or **add** a primary supervising physician, the forms in the application packet "**Changing My Supervising Physician**" must be completed and returned to the address listed above.
2. All applicants must submit:
 - A.) **Application for Utilization of a Physician's Assistant.** Must be completed by the applicant and the supervising physician. The applicant must answer questions 6, A-K, and 7-9.
 - B.) **Basic Job Description** - Must be signed by the applicant and the Primary Supervising Physician/Employer.
 - C.) **Alternate Physicians** - Any other physician who supervises you must sign in Section 10 of the application. If your list is extensive, you may submit a separate sheet with original signatures of the alternate supervisors. Be sure to place your name on any additional pages submitted to the Board.
 - D.) **Resignation Notification Form** – Must be signed by both the applicant and the sponsoring physician (if serving notice to the Georgia Medical Board that you are resigning from a position.
3. **Prescribing privileges** – The Basic Job Description allows prescribing privileges for Physician's Assistants. If you do not need these privileges, the physician may cross through this section.
4. **Additional Duties** must be requested on forms provided by the Georgia Medical Board or may be downloaded from the Physician's Assistant Online Application. These forms should be submitted with your application.
5. Physician's Assistants who have not practiced in Georgia for more than two (2) years must also provide a current resume', explaining any gaps in employment; verification of licensure from any state where you hold (or have held) a Physician's Assistant's license; proof of having met Continuing Medical Education requirements (CME's); and, proof of current certification by the appropriate Physician's Assistant certification organization (e.g., NCCPA or NCCAA, or their successor organizations).
6. The Board meets 12 times a year to consider completed applications. Your completed application must be received 15 business days prior to the next month's board meeting to be considered. Generally, the Medical Board meets the first week of the month in which there is a consecutive Thursday and Friday. For example, if the Thursday is the 31st of a month and Friday is the 1st, the board will not meet until the following week. Please call to confirm our board meeting dates or check our web site for this information.
7. If you have questions, you may e-mail us at Medbd@dch.state.ga.us or you may call our office at (404) 656-3913.

8. INTERNET DISCLOSURE OF PHYSICIAN'S ADDRESS

Georgia law requires the Georgia Composite State Board of Medical Examiners to provide, upon written or verbal request, an address for each licensed physician's assistant. Public-record information pertaining to licensed physician's assistant is available to the public through the Board's website (www.medicalboard.georgia.gov).

The release of this information has highlighted the need for physician's assistant to carefully consider the address they provide to the Board as their address of record. Please be aware that the address you indicate as your address of record will be the address disclosed to all individuals making inquiries and will be utilized to mail all licenses, renewal notices, and other official correspondence from the Board. The Practice Location will be posted on the Internet.

You may choose your home address or your office address to be your address of record. If you list a P.O. Box as your primary address, you must also provide a secondary street address that will remain confidential. Georgia law requires that the Board be kept informed of any changes of address. Changes should be submitted in writing within 15-days to the above address, and should include the license number, name, old address and new address.

Temporary approval will be issued to qualified applicants upon completion of the application and will remain in effect until the Board reviews the application. You may not begin work with a new or additional supervising physician without a written notice of temporary approval.

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APPLICATION TO ADD OR CHANGE SUPERVISING PHYSICIAN

1. PHYSICIAN NAME: _____
(First) (Middle) (Last)
2. DEGREE INFORMATION: _____
(Degree) (School Name) (Graduation Date)
3. BUSINESS ADDRESS: _____
(Street Address) (Business Telephone)

(City) (State) (Zip Code)
4. RESIDENCE ADDRESS: _____
(Street Address)

(City) (State) (Zip Code)
5. PHYSICIAN SPECIALTY: _____ GEORGIA LICENSE NUMBER _____
- 5A. LIST CURRENT BOARD CERTIFICATIONS: _____

6. NAME OF PROPOSED PHYSICIAN'S ASSISTANT, LICENSE NUMBER, DEA NUMBER AND CURRENT ADDRESS
- Name: _____ License NUMBER: _____ DEA NUMBER _____
- Address: _____

PHYSICIAN'S ASSISTANT APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS. (IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS YOU ARE REQUIRED TO FURNISH COMPLETE DETAILS INCLUDING THE DATE, PLACE, REASON AND DISPOSITION OF THE MATTER (INCLUDE COPIES OF COURT ORDERS OR MALPRACTICE SUITS IF APPLICABLE.)

Mandatory Questions

	YES	NO	<u>GMB USE ONLY – PREVIOUSLY DECLARED</u>
A. Have you ever been treated or hospitalized for mental illness, drug or alcohol abuse during the last seven (7) years?	_____	_____	_____
B. Have you ever been convicted of a violation of any National, Federal, State or local Statute?	_____	_____	_____
C. Have you ever been denied the privilege of taking an examination by a State licensing board or been denied a certificate for licensure?	_____	_____	_____
D. Has any state licensing board revoked or suspended a license, permit or certificate issued to you or taken any other disciplinary action?	_____	_____	_____

Mandatory Questions - CONTINUED

YES	NO	<u>GMB USE ONLY – PREVIOUSLY DECLARED</u>
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|----|---|-------|-------|-------|
| E. | Have you ever had any malpractice suits filed against you? | _____ | _____ | _____ |
| F. | Have you ever had your hospital privileges limited, denied or revoked? | _____ | _____ | _____ |
| G. | Have you ever resigned from a hospital after a complaint has been initiated against you, or for any other reason? | _____ | _____ | _____ |
| H. | Have you had any restrictions on Medicaid or Medicare? (If yes, please circle one) | _____ | _____ | _____ |
| I. | Have you ever voluntarily surrendered your PA certificate/license? | _____ | _____ | _____ |
| J. | To your knowledge, are you the subject of an investigation by any licensing Board or any other agency as of the date of this application? | _____ | _____ | _____ |
| K. | Has any board or agency denied issuance of or refused renewal of a Certificate pursuant to disciplinary proceedings? | _____ | _____ | _____ |

YES	NO
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|-----|--|-------|-------|
| 7. | Is this application for an additional primary supervising physician? | _____ | _____ |
| 8. | Are you resigning from your current supervising physician/position? If so, please complete the Resignation Notification Form. | _____ | _____ |
| 9. | Are you requesting additional duties? (If "Yes" download the forms from our website or call the Georgia Medical Board for the appropriate forms. Submit these forms with your completed application.) | _____ | _____ |
| 10. | ALTERNATE SUPERVISING PHYSICIANS: Only the primary supervising physician may designate alternate supervisors for his/her PA. When the supervisory relationship between the primary supervising physician and the PA ends, the relationship with the alternate supervising physicians listed below ends as well. All signatures must be <u>original</u>. <u>Signature stamps and photocopies are not acceptable</u>. | | |

Physicians Printed Name	License Number	Physician's Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

(Please use additional sheets if necessary.)

Composite State Board of Medical Examiners
BASIC JOB DESCRIPTION
PHYSICIAN'S ANESTHESIOLOGIST ASSISTANT

- A. The Physician's Anesthesiologist Assistant (PAA) may administer anesthesia under the direct supervision of an Anesthesiologist.
- B. A Physician's Anesthesiologist Assistant performs acute cardio-pulmonary resuscitation in life-threatening situations as directed by a physician.
- C. Establishes multi-parameter monitoring of patients prior to, during and after anesthesia or in other acute care situations. This includes ECG, direct arterial pressure, central venous pressure, arterial blood gas determinations, and hematocrit, in addition to the routine measurement of temperature, respiration, blood pressure and heart rate. Also, other monitoring, as may be developed for anesthesia and intensive care will be incorporated.
- D. Manages "pre" and "post" anesthetic care, including ventilatory support of patients as assigned by anesthesiologist.
- E. Manages ventilators and other respiratory care parameters as directed by the physician.
- F. Assist in research projects as carried out by an anesthesiologist.
- G. Instructs others in the principles and practices of anesthesia, respiratory care parameters, as directed by the physician.
- H. Assist the anesthesiologist in gathering routine pre-operative data.
- I. The choice of anesthesia and drugs to be employed are prescribed by an anesthesiologist of each patient except:
- (i) Where standard orders for the conduct of a specified anesthetic are prescribed; and,
 - (ii) Where life-threatening emergencies arise necessitating the utilization of standard therapeutic or resuscitation procedures; and anesthesiologist will be immediately available personally or via telephone and/or beeper if needed for consultation regarding changes from standard procedure

Listed above are the duties approved by the Composite State Board of Medical Examiners as a basic job description for Physician's Anesthesia Assistants. Any additional duties must be requested on an "Additional Duties Form" supplied by the Medical Board. Any additional duties must be individually approved by the Medical Board BEFORE those duties may be performed by the Physician's Anesthesiologist Assistant.

Name of Physician's Assistant

Signature of Physician's Assistant

Date Signed

Name of Physician's Anesthesiologist Assistant Employer

Signature of Physician's Anesthesiologist Assistant Employer

Date Signed

Employer Address

Employer City, State and Zip Code

Telephone Number

Name of Primary Supervising Physician

Signature of Primary Supervising Physician

Date Signed

Composite State Board of Medical Examiners

BASIC JOB DESCRIPTION

PHYSICIAN'S ASSISTANT - PRIMARY CARE

A. The Physician's Assistant (PA) may perform his/her duties only in the principal offices of the physician, public or private places or health facilities where the physician regularly sees patients; and is not precluded from making house calls, hospital rounds, serving as an ambulance attendant, or performing any functions performed by the supervising physician for which the Physician's Assistant is qualified and are delegated by the supervising physician.

B. Supervision means overseeing the activities of, and accepting the responsibility for, the medical services rendered by a Physician's Assistant. The supervising physician need not be physically present at the time of the services but shall be immediately available by telecommunications and within reasonable travel distance to assume personal care. For surgery requiring general or neuro-axial and/or major regional block, the supervising physician must be present in the operating facility.

C. The physician and the Physician's Assistant are expected to understand and comply with all current laws, rules and regulations which govern the practice of Physician's Assistants in the State of Georgia and will be acknowledging this by affixing their signature on the Physician's Assistant practice application.

D. A Physician's Assistant may gather a data base on all new patients or established patients with new or existing problems which may include a complete medical history and physical examination, medical record review, and he/she may order the appropriate initial diagnostic studies and initiate a treatment plan. The Physician's Assistant will be responsible for transmitting that information orally, or through notation in the patient's medical record, to the supervising physician for review.

E. A Physician's Assistant may order/select a dangerous drug or controlled substance or order medical treatments or diagnostic studies in any health care setting in accordance with Rule 360-5-.07(8).

F. The Physician's Assistant, if qualified by training and experience as determined by the supervising physician, may perform medical treatments, diagnostic procedures, or tasks as delegated by the supervising physician which fall within the normal scope of practice of the supervising physician.

G. A Physician's Assistant may instruct and counsel patients and their families, and involve them in informed decision making, with regards to their illness or injury, therapeutic and diagnostic procedures, treatment regimens, normal growth and development, family planning, advanced directives, emotional problems of daily living, and health maintenance. He/she may also facilitate referrals of patients to other medical providers, medical facilities, or other health/social service agencies when appropriate as per the delegation of the supervising physician.

H. In a life threatening emergency situation, when the supervising physician is not present, the Physician's Assistant may initiate appropriate evaluation and treatment.

I. The Physician's Assistant shall be at all times properly identified as a Physician's Assistant and shall wear a clearly legible identification name tag with the words "Physician's Assistant" as required under Rule 360-5-.07(6).

J. A Physician's Assistant may carry out a prescription drug or device order in any health care setting in accordance with Rule 360-5-.12.

THIS IS TO CERTIFY THAT THE UNDERSIGNED HAS RECEIVED READ AND ARE FAMILIAR WITH THE MEDICAL PRACTICE ACT RULES AND REGULATIONS PERTAINING THERETO. IT IS FURTHER UNDERSTOOD THAT SUPERVISION MEANS OVER SEEING THE ACTIVITIES OF AND ACCEPTING THE RESPONBILITY FOR THE MEDICAL SERVICES RENDERED BY A PHYSICIAN'S ASSISTANT.

Name of Physician's Assistant

Signature of Physician's Assistant

Date Signed

Employer Address

Employer City, State and Zip Code

Telephone Number

Name of Primary Supervising Physician

Signature of Primary Supervising Physician

Date Signed

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Resignation Notification Form

DO NOT complete this form, if you are not resigning from your current supervising physician at this time.

Physician's Assistant's Statement:

I hereby serve notice to the *Composite State Board of Medical Examiners* that I have submitted my resignation with Doctor _____ effective:
(Physician's Full Name)
_____.
(Day/Month/Year)

Physician's Assistant's Signature

Date Signed

Physician's Statement:

I hereby serve notice to the *Composite State Board of Medical Examiners* that I have accepted the resignation of Physician Assistant _____
(Physician's Assistant's Full Name)
effective: _____.
(Day/Month/Year)

Physician's Signature

Date Signed